

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 601013	RECEIPT DATE:	07 / 26 / 00
IA NUMBER:	PCT/ DE99 / 00369	IA FILING DATE:	02 / 17 / 99
FAMILY NAME:	WILBERT	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JAN PAUL	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 18 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JAN P WILBERT

STREET: RIEGERWEG 7

CITY: TAUFKIRCHEN

STATE/COUNTRY: DEX ZIP: 82024

EMAIL:

APPLICATION TITLES:

DEVICE FOR TESTING THE ELECTROMAGNETIC COMPATIBILITY OF SYSTEM HAVING
LARGE DIMENSIONS

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9879

SERIAL NUMBER 09/601,013	FILING DATE 07/26/2000 RULE	CLASS 324	GROUP ART UNIT 2858	ATTORNEY DOCKET NO.
APPLICANTS Jan Paul Wilbert, Dr., Taufkirchen, GERMANY; Harald Schwarz, Dr., Cottbus, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/DE99/00369 02/17/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 6	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
ADDRESS <div style="text-align: center;">AIR MAIL</div> Jan P Wilbert Riegerweg 7 Taufkirchen , 82024 GERMANY				
TITLE Device for testing the electromagnetic compatibility of systems having large dimensions				
FILING FEE RECEIVED 905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	